

# PART B - FEE(S) TRANSMITTAL

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Ruth Montalvo	(Depositor's name)
<i>Ruth Montalvo</i>	(Signature)
July 15, 2008	(Date)

26418 7590 06/18/2008  
 REED SMITH, LLP  
 ATTN: PATENT RECORDS DEPARTMENT  
 599 LEXINGTON AVENUE, 29TH FLOOR  
 NEW YORK, NY 10022-7650

EV 553 774 584 US

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/533,394	11/23/2005	Oliver Baumann	GK-ZEI-3277/500343.20297	9038

TITLE OF INVENTION: OPHTHALMOLOGIC APPARATUS AND RELATED POSITIONING METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/18/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHWARTZ, JORDAN MARC	2873	351-208000

07/17/2008 WASFAW2 00000025 10533394  
 01 FC:1501 1440.00 OP  
 02 FC:1504 300.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Reed Smith LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Carl Zeiss Meditec AG Jena, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1529 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date July 15, 2008

Typed or printed name Eugene LeDonne

Registration No. 35,930

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